

04-18-01

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By:

Nancy Ramos

Printed: Nancy Ramos

| CONTINUED PROSECUTION APPLICATION (CPA) REQUEST TRANSMITTAL (Large Entity) (Only for Continuation or Divisional Applications Under 37 CFR 1.53(d)) | | | | | |
|---|---|-------------|--------------|----------------------------------|------------------|
| First Named Inventor | | Total Pages | | Docket No. | |
| Jennifer L. Hillman | | Two (2) | | PF-0484-1 CPA | |
| Address to: Commissioner for Patents Box CPA Washington, D.C. 20231 | | | | | |
| This is a request for filing a <input checked="" type="checkbox"/> continuation <input type="checkbox"/> divisional application under 37 CFR 1.53(d), (continued application (CPA)) of prior application number <u>09/036,614</u> filed on <u>March 6, 1998</u> and entitled: Title of the application: KINESIN LIGHT CHAIN HOMOLOG | | | | | |
| 1. <input type="checkbox"/> | Enter the unentered amendment previously filed on _____ Under 37 CFR 1.116 in the prior nonprovisional application. | | | | |
| 2. <input checked="" type="checkbox"/> | A preliminary amendment is enclosed. | | | | |
| 3. <input type="checkbox"/> | This application is being filed by less than all the inventors named in the prior application. In accordance with 37 CFR 1.53(d), the Commissioner is requested to delete the name(s) of the following person or persons who are named as inventors in the prior nonprovisional application but are not inventors of the invention being claimed in this application: | | | | |
| 4. <input type="checkbox"/> | A new power of attorney is enclosed. | | | | |
| 5. <input type="checkbox"/> | An Information Disclosure Statement (IDS) is enclosed: a. <input type="checkbox"/> PTO-1449 b. <input type="checkbox"/> Copies of IDS Citations | | | | |
| 6. <input checked="" type="checkbox"/> | The fee for this application is calculated as follows: | | | | |
| CLAIMS AS FILED | | | | | |
| Claims | Number Filed | Minus | Number Extra | Other Than Small Entity Rate Fee | Basic Fee |
| Total Claims | 13 | -20 | | x \$18 | \$0 |
| Indep. Claims | 3 | -3 | | x \$80 | \$0 |
| Multiple Dependent Claim(s), if any | | | | + \$270 | \$0 |
| TOTAL FILING FEE | | | | | \$ 710.00 |

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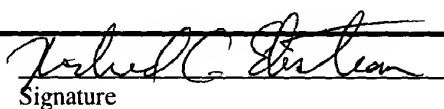
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Docket No. PF-0484-1 CPA

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| 7. <input checked="" type="checkbox"/> | The Commissioner is hereby authorized to charge Deposit Account No. 09-0108 in the amount of \$ <u>710.00</u> |
| 8. <input checked="" type="checkbox"/> | <p>The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 09-0108</p> <p> <input checked="" type="checkbox"/> fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> fees required under 37.C.F.R. 1.17. <input checked="" type="checkbox"/> fees required under 37 C.F.R. 1.18 </p> |
| 9. <input checked="" type="checkbox"/> | <p>Also enclosed:</p> <p>Petition for one-month Extension of Time (1 page, in duplicate).</p> |
| 10. <input checked="" type="checkbox"/> | The prior application's correspondence address will carry over to this CPA UNLESS a new correspondence address is provided below: |
| <p>This transmittal is being submitted in duplicate for fee processing.</p> | |
| <p>Dated: <u>16 April 2001</u></p> <p style="text-align: right;">  Signature <u>Richard C. Ekstrom</u> Typed or printed name <u>37,027</u> Registration Number (if applicable) <input type="checkbox"/> Inventor(s) <input type="checkbox"/> Assignee of complete interest <input checked="" type="checkbox"/> Attorney or agent of record </p> | |